FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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PROCESSED

APR 1 1 2008 FINANCIAL

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY Serial Prefix

DATE RECEIVED

Name of Offering ([] check if this is an amendment and name has changed, and indicate change.) Norterra Storage, LLC

Filing Under (Check box(es) that apply): [] Rule 504 [] Rule 505 [x] Rule 506 [] Section 4(6) [] ULOE

[] Amendment

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A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer.

washington, DC 100

Name of Issuer ([] check if this is an amendment and name has changed, and indicate change.)

Norterra Storage, LLC

Type of Filing: [x] New Filing

(Number and Street, City, State, Zip Code) Addresses of Executive Offices c/o Atlas Development Group, LLC, 2222 West Parkside Lane, Phoenix, AZ 85027

Telephone Numb (602) 695-7705

Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)

Telephone Numb

Brief Description of Business

Construction, operation and sale of storage facility

Type of Business Organization

) corporation

I limited partnership, already formed] limited partnership, to be formed

[x] other (please specify): limited liability company

[] Estimated

] business trust

Month Year

[0]2] Actual or Estimated Date of Incorporation or Organization: [0]8] [x]Actual Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

CN for Canada; FN for other foreign jurisdiction)

GENERAL INSTRUCTIONS

Who must file: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer: Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐ Beneficial Owner ☐ Executive Officer ☑ General and/or Check Box(es) that Apply: ☐ Promoter □ Director Managing Partner Full Name (Last name first, if individual) Atlas Development Group, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 2222 W. Parkside Lane, Phoenix, AZ 85027 ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Check Box(es) that Apply: ☐ Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or **Managing Partner** Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner □ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Executive Officer ☐ Director ☐ General and/or Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ General and/or Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	<u> </u>				<u> </u>	B. INFO	RMATIO	N ABOL	JT OFFE	ERING				
													·	
1. Has the is	ssuer sol	d, or doe	es the is			ell, to nor o in Appe								□ Yes ⊠ No
2. What is th	ne minim	um inve	stment t	hat will t	e accer	oted from	any ind	ividual?.	***********					\$ None
3. Does the	offering p	permit jo	int own	ership of	a single	unit?								⊠ Yes □ No
remunera person o	ation for a r agent o ersons to	solicitati f a brok b be liste	on of pu er or de ed are a	rchasers aler regis ssociate	s in cons stered w	nection with the S	ith sales	s of secu for with a	irities in a state o	the offer r states,	ing. If a list the i	person that person to the person of the pers	to be listed the broke	mission or similar d as an associated or or dealer. If more than at broker or dealer only.
,		•		,										
Business or	Residen	ce Addr	ess (Nu	mber an	d Street	, City, St	ate, Zip	Code)	•					
Name of As	enciated	Broker (n Deale	r										· · · · · · · · · · · · · · · · · · ·
Name of As	sociated	DIONELL	or Deale	1										
States in Wi	hich Pers	on Liste	d has S	olicited (or Intend	ds to Soli	cit Purcl	nasers		-				
(0	heck "Al	l States'	or chec	k individ	lual Stat	tes)		· · · · · · · · · · · · · · · ·						🗆 All States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	(DE)	[DC]	[FL]	[GA]	[HI]	[ID]	
	(IL) [MT]	(IN) [NÉ]	[IA] [NV]	(KS) (NH)	[KY]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]		
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	{WY]	[PR]	
Full Name (Last nam	e first, it	findivid	ıal)	•								•	
Business or	Residen	ice Addr	ess (Nu	mber an	d Street	, City, St	ate, Zip	Code)						
Name of As	sociated	Broker	or Deale	r										
States in W	hich Pers	son Liste	d Has S	Solicited	or Inten	ds to Sol	icit Purc	hasers						
(0	Check "Al	II States	or che	ck individ	tual Sta	tes)								All States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	(FL)	[GA]	(HI)	[ID]	
	(IL) (MT)	(IN) (NE)	[IA] [NV]	(KS) (NH)	[KY] [NJ]	(LA) [NM]	(ME) [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]	
	[RI]	[SC]	[SD]	[TN]	įπχj	[UT]	įvij	[VA]	[WA]	[wv]	[WI]	(WY)	[PR]	
Full name (l	_ast nam	e first, if	individu	ıal)				••						·
Business or	Residen	ce Addr	ess (Nu	mber an	d Street	t, City, St	ate, Zip	Code)						
Name of As	sociated	Broker	or Deale	er		-								
States in W	hich Pers	son Liste	ed Has S	Solicited	or Inten	ds to So	licit Purc	hasers						
(0	Check "Al	II States	or che	ck individ	dual Sta	tes)								
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
	[IL] [MT]	(IN) [NE]	[IA] [NV]	(KS) [NH]	[KY]	[LA] [NM]	(ME) (NY)	[MD] {NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	(MO) [PA]	
	[RI]	[SC]	[SD]	[TN]	įτχj	įυτϳ	įντj	[VA]	[WA]	[wvj	[WI]	(WY)	[PR]	
			(Use b	ank she	et, or c	opy and	use ad	ditional	copies	of this s	heet, a	s neces	sary.)	

C. O	FFERING PRICE NUMBER OF INVESTORS	. EXPENSES AND USE OF PROCEEDS	

 Enter the aggregate offering price of securities included in this offering a "zero." If the transaction is an exchange offering, check this box and in exchange and already exchanged. 	and the total amount alrea ndicate in the columns be	dy sold. Enter "0" if answer is "none" or low the amounts of the securities offered for
Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$	\$
Equity (Units of Membership Interests)	\$2,050,000	\$250,000
☑ Common ☐ Preferred		
Convertible Securities (including warrants)	\$	\$
Partnership Interests	\$	\$
Other (Specify)	\$	\$
TotalAnswer also in Appendix, Column 3, if filing under ULOE.	\$2,050,000	\$250,000
 Enter the number of accredited and non-accredited investors who have of their purchases. For offerings under <u>Rule 504</u>, indicate the number of amount of their purchases on the total lines. Enter "0" if answer is "none" 	f persons who have purch	is offering and the aggregate dollar amounts ased securities and the aggregate dollar Aggregate Dollar Amount of Purchases
Accredited investors		\$ \$
Non-accredited Investors		•
Total (for filings under Rule 504 only)		\$
3. If this filling is for an offering under <u>Rule 504</u> or <u>505</u> , enter the information the types indicated, the twelve (12) months prior to the first sale of securities 1.	n requested for all securities in this offering. Classify	es sold by the issuer, to date, in offerings of securities by type listed in Part C-Question
Type of offering	Type of Security	Dollar Amount Sold
Rule 505		. \$ N/A
Regulation A		\$ N/A
Rule 504		\$ -0-
Total		. \$-0-
4. a. Furnish a statement of all expenses in connection with the issuance a relating solely to organization expenses of the issuer. The information m expenditure is not known, furnish an estimate and check the box to the l	ray be given as subject to	urities in this offering. Exclude amounts future contingencies. If the amount of
Transfer Agent's Fees	□\$	
Printing and Engraving Costs	□\$	
Legal	X1	325,000
Accounting Fees	O\$	
Engineering Fees	🗆\$	
Sales Commissions (specify finders' fees separately)	🗆\$	
Other Expenses (identify)		
Totai	🖂	325,000

		\$2,025,000
Indicate below the amount of the adjusted gross proceeds to the issuer us amount for any purpose is not known, furnish an estimate and check the be equal the adjusted gross proceeds to the issuer set forth in response to Pa	oox to the left of the est	imate. The total of the payments listed must
	Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees	□\$	□ \$
Purchase of real estate.	□\$	⊠ \$2,025,000
Purchase, rental or leasing and installation of machinery and equipment	□\$	□ \$
Construction or leasing of plant buildings and facilities	□\$	□ \$
Acquisition of other businesses (including the value of securities involved in the offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	□\$	□ \$
Repayment of indebtedness	□\$	\$
Working capital	□\$	-\$
Other (specify):	□\$ □\$	□ \$ □ \$
Column Totals	□\$	図 \$2,025,000
Total Payments Listed (column totals added)	☑ \$2,025	,,000
D. FEDERAL SIG	SNATURE	
The issuer has duly caused this notice to be signed by the undersigned duly following signature constitutes an undertaking by the issuer to furnish to the its staff, the information furnished by the issuer to any non-accredited investor.	U.S. Securities and Ex	change Commission, upon written request of
Issuer (Print or Type) NORTERRA STORAGE, LLC	74	Date 3/22/68
Name of Signer (Print or Type) Title of Signer (Print or Type)	, 9,, 0,
RYAN L. FREEMAN MANAGE	9 /	. :
ATTENTI Intentional misstatements or omissions of fact constitute		violation. (See 18 U.S.C. 1001.)
		,

E. S	TATE	SIGNATURE	

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)
NORTERRA STORAGE, LLC

Name of Signer (Print or Type)

12 va. / / Fesage

Signature

Date 3/20/08

Title (Print or Type)

Magen

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	2	2	3 4 5							
								Disqualification		
	1_4	411	Type of			State				
	Intend to sell to non-		security and		ULOE (if yes, attach					
ŀ	accredited		aggregate			vestor and nased in State	İ	explanation of		
		tors in	offering price	"						
		ate	offered in	(Part C-Item 2) waiver grant (Part E-Item						
		-Item 1)	state		(, 0, , 2					
	,	,	(Part C-Item							
	1)									
						Number of				
				Number of Accredited		Non- Accredited				
0				Investors	Amount	Investors		V	ĺ	
State	Yes	No_			Amount		<u>Am</u> ount	Yes	No	
AK		 								
AZ		X	\$2,050,000	1	\$250,000				x	
~~		^	LLC Units	•	\$250,000				^	
AR										
CA										
СО										
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1		2	3			4		5 Disquelification		
	Intend to sell to non- accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item	á	Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)					
ок		I	'/			1	T			
OR					1	<u> </u>				
PA					<u> </u>				· · · · ·	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
RI							1			
SC_		ļ								
SD		1			1		-			
TN		<u> </u>	<u> </u>	<u> </u>		<u> </u>				
TX		1			ļ					
UT										
VT		1					- 			
VA		1					<u> </u>		-	
WA										
WV		 	<u> </u>			-				
WI		ļ								
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PR	1	1	1	1	1	1	1 1		1	

END